**STATE OF NEW MEXICO**

**WORKERS’ COMPENSATION ADMINISTRATION**

Click here to enter text., WCA No.:

 Worker,

v.

Click here to enter text., and

Click here to enter text.,

 Employer/Insurer.

**STIPULATED RECOMMENDED RESOLUTION**

A mediation conference was scheduled to be held on Click here to enter a date. to address the Workers’ Compensation Complaint filed by Click here to enter text. on Click here to enter a date..

[ ] Worker is represented by Click here to enter text. or

[ ] Worker is not represented by an attorney.

Click here to enter text. represents Employer/Insurer.

Having considered information presented, the Director or designated designee finds:

1. The parties’ positions are set forth in their pleadings.

2. The parties agree that the New Mexico Workers' Compensation Administration has personal and subject matter jurisdiction over this claim.

3. The parties negotiated in good faith to resolve the issues raised in the Complaint and were able reach a stipulated agreement.

4. Therefore, based upon the agreement of the parties, the following terms are being recommended to resolve the issues raised in the Complaint:

PARTIES’ STIPULATED TERMS:

Click here to enter text.

Acceptance or failure to reject the Recommended Resolution by all parties will result in the terms of the Recommended Resolution being binding upon the parties. The terms of the Recommended Resolution will not be binding upon any party unless/until all parties either accept or fail to reject the Recommended Resolution in the statutory 30-day period following receipt of the Recommended Resolution, pursuant to the provisions of NMSA 1978 §52-5-5(C).

The parties are notified that rejection of this Recommended Resolution without reasonable basis or without reasonable expectation of doing better at a Formal Hearing may subject them to money penalties in the form of increased or decreased attorneys' fees.

 **ANY PARTY WHO FAILS TO FILE the enclosed Notice of Acceptance or Rejection of this Recommended Resolution with the Workers' Compensation Administration within thirty (30) days of receipt WILL BE BOUND BY THE RECOMMENDED RESOLUTION.**

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 LORETTA LOPEZ, DIRECTOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assigned Mediator

I hereby certify that the foregoing pleading

was submitted to the WCA Clerk of Court

for electronic filing and service in accordance

with 11.4.4.9 NMAC.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Legal Secretary